

## **Mental Health Module: Instructions to insert into the DHS-8 Interviewer's Manual**

### [X]. Section [MTH]: Mental Health Module

The aim of this section is to collect sensitive information about the mental health and well-being of respondents in settings with very limited data in these topic areas. The module is focused on understanding people's direct experiences of symptoms of anxiety, depression, suicidality, and related help-seeking behavior, diagnosis, and treatment.

The Mental Health Module consists of 4 sections as follows:

- Section 1: Anxiety
- Section 2: Depression and suicidality
- Section 3: Help-Seeking Behavior, Diagnosis, and Treatment
- Section 4: Referrals for Mental Health Services

**Ensuring privacy:** Much of the information provided by respondents will be extremely personal. The act of revealing details on personal experiences of symptoms of anxiety, depression, and/or a suicide ideation to someone outside the family can be very emotional. This may very well be the first time that respondents may be asked these types of questions about mental health. Or, going further, this may be the first time that respondents may share their experiences regarding mental health to anyone.

For these reasons above, it is critical to maintain the confidentiality of information collected during the Mental Health Module interview. Most respondents may display their emotions and feelings during the interview and actively choose to proceed, after being given a moment to process their feelings and collect themselves to continue with the interview. Show empathy and compassion, including demonstrating non-verbal cues of understanding like nodding or showing other signs of compassion. Allow time for the respondent to gain composure should [she/he] become upset or start to cry, for example.

### INTRODUCTORY STATEMENT

Begin by reading the introduction, being certain to emphasize that the time frame for the questions that follow is the last 2 weeks and that the interview is confidential. Keep your voice down to reduce the likelihood that others may overhear what you and the respondent are discussing. Do not proceed or continue with the interview if other people are present, including older children.

### Section 1: Anxiety

Qs. GAD1-7 are based on the Generalized Anxiety Disorder (GAD-7) questionnaire. Anxiety is a mental health disorder that affects everyday situations through

constant worrying, nervousness, and feelings that could interfere with the person's daily activities, relationships, or work.

Read the introductory statement in its entirety. The last sentence of the introduction provides four different response codes to characterize the frequency at which problems have occurred (NEVER; RARELY; OFTEN; ALWAYS).

For Q. GAD1-7, read the entire question before accepting an answer. If the respondent indicates that [she/he] had experienced the problem, record the most appropriate code. If necessary, remind the respondent of the different levels of frequency: "Over the last 2 weeks, how often have you been bothered by [THE PROBLEM IN GAD1-7]? Would you say never, rarely, often, always?"

Q. GAD1: Feeling nervous, anxious or on edge?

If you feel that the respondent is not clear on what you are asking, read the question again more slowly. If the respondent asks to clarify the terms, explain that nervous and anxious may mean that the respondent feels uneasy and unsure about an experience or situation. Being on edge means when you feel like you are close to lashing out, losing your temper, losing control, or close to overreacting to something.

Q. GAD2: Not being able to stop or control worrying?

This may mean that the respondent is unable to stop dwelling on thoughts or difficulties that cause distress. The respondent may be thinking constantly about an experience.

Q. GAD3: Worrying too much about different things?

Worrying too much may be when the respondent is overthinking a feeling, experience, or situation more than other feelings, experiences, or situations. These thoughts of worrying may largely consume [her/his] thoughts.

Q. GAD4: Trouble relaxing?

An example of someone having trouble relaxing is when [she/he] is reading a book, going for a walk, or watching television and is unable to feel calm while doing the activity.

Q. GAD5: Being so restless that it is hard to sit still?

The respondent may feel agitated and unsettled to the point where [she/he] cannot sit peacefully and with composure.

Q. GAD6: Becoming easily annoyed or irritable?

Becoming easily annoyed or irritable may refer to emotions or behaviors that lead the respondent to feel impatient, lose [her/his] temper, or feel as though experiences that typically feel normal are bothering [her/him] easily.

### Q. GAD 7: Feeling afraid as if something awful might happen?

The respondent may feel afraid to the point where [she/he] thinks catastrophic thoughts that something bad might happen. [She/He] may feel uncomfortable with uncertain experiences or thoughts to the point of extreme.

Be careful with probing on each of these questions beyond what is being asked in the survey, as interpretation is subjective and could bias the results. If a respondent does not know the answer, you may repeat the question slowly and allow the respondent to reflect on the wording as is before answering. Try to avoid defining these terms (e.g. based on personal experiences) as wording has significant effects on study findings.

Respondents may not always give you an answer to Qs. GAD1-7 that match the response codes shown below. For example, a respondent may ask you, "What do you mean by 'often'?" In this case, you should respond with "the symptom occurred often in the last 2 weeks but less frequently than always" If [she/he] gives you a quantitative answer such as, "It happened twice in the last 2 weeks," then use the information below to correctly choose the appropriate code. For this specific example, you would record '1' (RARELY) because the symptom that the respondent experience occurred twice in the last 2 weeks, so rarely days during the last 2 weeks. In contrast, if the respondent had said the problem had occurred previously, but not in the last 2 weeks, you would record '0' (NEVER) because the reference period for the question is restricted to the last 2 weeks.

### **GAD (ANXIETY) RESPONSE CODES:**

- CODE '0' (**NEVER**) - THE PROBLEM NEVER OCCURRED DURING THE LAST 2 WEEKS.
- CODE '1' (**RARELY**) - THE PROBLEM OCCURRED AT LEAST ONCE AND UP TO SEVERAL DAYS DURING THE LAST 2 WEEKS.
- CODE '2'(**OFTEN**) - THE PROBLEM OCCURRED OFTEN IN THE LAST 2 WEEKS, BUT LESS FREQUENTLY THAN "ALWAYS."
- CODE '3' (**ALWAYS**) - THE PROBLEM OCCURRED EVERY DAY OR ALMOST EVERY DAY DURING THE LAST 2 WEEKS.
- CODE '7' (**RF**) REFUSED TO ANSWER - Use this code as the last resort. If the respondent refused to answer, try to find out why. You may need to repeat the question more slowly and clearly, look around to check for the presence of family members and secure the privacy, reassure [her/him] about maintaining confidentiality, give [her/him] some time to collect [herself/himself] if [she/he] has displayed [her/his] emotions (e.g. tears, irritability) or signs of distress, and ask again.
- CODE '8' (**DK**) DON'T KNOW - It is possible that when the respondent does not understand the question, or is in a hurry, [she/he] would simply say, "Don't know," to finish that part of the interview. Probe further to collect the information.

### Section 2: Depression

Qs. PHQ1-9 are based on the Patient Health Questionnaire (PHQ-9) and focus on depression. Depression is a mental health disorder that may affect daily activities through low moods, low levels of motivation, feelings of insecurity and worthlessness, and inability to do basic things that impact their relationships, work, and life. A person may experience some or all of these symptoms.

Read the introductory statement. Just like with the introduction to the GAD-7, the last sentence of the introduction provides four different response codes to characterize the frequency at which problems have occurred (NEVER; RARELY; OFTEN; ALWAYS).

Read out each question in its entirety and record the answer given after each symptom. If the respondent reports that [she/he] had experienced the symptom, record the most appropriate code.

Q. PHQ1: Little interest or pleasure in doing things?

Q. PHQ2: Feeling down, depressed or hopeless?

Q. PHQ3: Trouble falling asleep, staying asleep, or sleeping too much?

Q. PHQ4: Feeling tired or having little energy?

Q. PHQ5: Poor appetite or overeating?

Q. PHQ6: Feeling bad about yourself – or that you’re a failure or have let yourself or your family down?

Q. PHQ7: Trouble concentrating on things, such as reading the newspaper or watching television?

Q. PHQ8: Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

Q. PHQ9: Thoughts that you would be better off dead or of hurting yourself in some way?

The response codes for Qs. PHQ1-9 are identical to those used for Qs. GAD1-7.

### **PHQ (DEPRESSION) RESPONSE CODES:**

- CODE '0' (**NEVER**) - THE PROBLEM NEVER OCCURRED DURING THE LAST 2 WEEKS.
- CODE '1' (**RARELY**) - THE PROBLEM OCCURRED AT LEAST ONCE AND UP TO SEVERAL DAYS DURING THE LAST 2 WEEKS.
- CODE '2'(**OFTEN**) - THE PROBLEM OCCURRED OFTEN IN THE LAST 2 WEEKS, BUT LESS FREQUENTLY THAN "ALWAYS."
- CODE '3' (**ALWAYS**) - THE PROBLEM OCCURRED EVERY DAY OR ALMOST EVERY DAY DURING THE LAST 2 WEEKS.

- CODE '7' (**RF**) - REFUSED TO ANSWER. Use this code as the last resort. If the respondent refuses to answer a question, probe further to try and find out why. You may need to repeat the question more slowly and clearly, secure the privacy, reassure [her/him] about the confidentiality, give [her/him] some time to collect [herself/himself] if [she/he] feels distress, and ask again.
- CODE '8' (**DK**) - DON'T KNOW. It is possible that when the respondent does not understand the question, or feels in a hurry, [she/he] would simply answer, "Don't know," to finish the interview. Try to probe again to learn the answer.

**Note:** For Q. PHQ9 on suicide ideation, if the respondent responds that [she/he] had thoughts **once** during the past 2 weeks, it is critical that you record code '1' (RARELY) to ensure that this symptom of suicidal thoughts has been recorded.

### Section 3: Help-Seeking Behavior, Diagnosis, and Treatment

#### Q. MTH1: FILTER ON WHETHER THE RESPONDENT PRESENTED ANY ANXIETY, DEPRESSION, AND/OR SUICIDALITY SYMPTOMS

##### Q. MTH2: EVER TRIED TO SEEK HELP

Respondents with any symptoms of anxiety, depression, or suicide ideation will be asked whether they have ever tried to seek help for their symptom(s).

##### Q. MTH3: PERSONS FROM WHOM HELP WAS SOUGHT

Through this question, we want to capture all persons from whom the respondent has sought help so be sure to ask the probe "Anyone else?"

##### Q. MTH4: DEPRESSION AND/OR ANXIETY DIAGNOSIS

Ask the respondent whether [she/he] has been diagnosed with depression and/or anxiety by a doctor or healthcare worker.

##### Q. MTH5: PRESCRIBED MEDICINE TO TREAT DEPRESSION AND/OR ANXIETY

Ask the respondent whether [she/he] has taken medicine that was prescribed by a doctor or healthcare worker for [her/his] diagnosed depression and/or anxiety *in the last 2 weeks*. We are aiming to collect information on recent treatment even if the respondent did not report any symptoms in Q. GAD1-7 or Q. PHQ1-9. If the respondent says [she/he] has been self-medicating or using traditional remedies, record no. For this question, we are only interested in use of prescribed medicines.

### Section 4: Referrals for Mental Health Services

#### Q. MTH6: PHQ SCALE SCORE

The CAPI program will automatically sum the response codes in PHQ1-9 to determine the PHQ score.

#### Q. MTH7: FILTER FOR A REFERRAL CARD

This filter identifies respondents who should be referred for mental health services based on their responses to Qs. PHQ1-9. Any respondents who presented symptoms of suicidal ideation will be eligible for the referral card to a health provider for a follow-up consultation. The CAPI program will automatically identify respondents eligible for referral.

#### Q. MTH8: PROVIDE REFERRAL CARD/FORM

Read the statement and provide the respondent a referral card for mental health services.